UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In	re:		CHA	APTER 13 PLA	N - MODIFIE	E D	
111	Michelle Marie Neises James Robert Neises		Dated	d: October 25, 2	010		
	DEBTOR		Case	No. 10-61046			
	In a joint cas debtor means						
1.	DEBTOR'S PAYMENTS TO THE T	TRUSTEE —					
	 a. As of the date of this plan, the deb b. After the date of this plan, the deb the order for relief for a total of \$_plan payment unless all allowed cl c. The debtor will also pay the trustee d. The debtor will pay the trustee a total cl 	otor will pay the true 50,868.00. The laims are paid in a see	stee \$ 1,190.00 seminimum plan parashorter time.	yment length is	36 or X 60 n	beginning within a nonths from the dat	80 days after e of the initial
2.	PAYMENTS BY TRUSTEE — The may collect a fee of up to 10% of plan				which proof of c	laim have been file	ed. The trustee
3.	ADEQUATE PROTECTION PAYM payments to creditors holding allowed						
	Creditor -NONE-	Mon \$	thly Payment	Number of M	Ionths \$	7	Total Payments
	a. TOTAL	Ψ					0.00
4.	EXECUTORY CONTRACTS AND leases. Cure provisions, if any, are set f Creditor -NONE-		ASES [§ 365] — '		es the following tion of Property	executory contracts	s or unexpired
5.	CLAIMS NOT IN DEFAULT — Pay date the petition was filed directly to the				or will pay the p	ayments that come	due after the
	Creditor -NONE-			Descrip	tion of Property		
5.	HOME MORTGAGES IN DEFAUL a security interest in real property that is petition was filed directly to the creditor amounts of default.	is the debtor's prin	cipal residence. Th	e debtor will pay	the payments tha	t come due after th	e date the
	Creditor -NONE-	<i>A</i>	Amount of Default \$	Monthly Payment	Beginning in Month #	Number of Payments \$	TOTAL PAYMENTS
	a. TOTAL	_				\$	0.00
7.	CLAIMS IN DEFAULT [§ 1322 (b)). The debtor will pay for the payments thany. All following entries are estimate.	nat come due after	the date the petitio				
	Creditor -NONE- \$		Int. rate (if applicable)	Monthly Payment	Beginning in Month #	Number of Payments \$\$	TOTAL PAYMENTS
	a. TOTAL		<u></u>			\$	0.00

8. OTHER SECURED CLAIMS; SECURED CLAIM AMOUNT IN PLAN CONTROLS [§ 1325(a)(5)] — The trustee will pay, on account of the following allowed secured claims, the amount set forth in the "Total Payments" column, below. The creditors will retain liens securing the allowed claims until the earlier of the payment of the underlying debt determined under nonbankruptcy law, or the date of the debtor's discharge. NOTWITHSTANDING A CREDITOR'S PROOF OF CLAIM FILED BEFORE OR AFTER CONFIRMATION, THE AMOUNT LISTED IN THIS PARAGRAPH AS A CREDITOR'S SECURED CLAIM BINDS THE CREDITOR PURSUANT TO 11 U.S.C. § 1327, AND CONFIRMATION OF THE PLAN IS A DETERMINATION OF THE CREDITOR'S ALLOWED SECURED CLAIM.

	Creditor	Claim Amount		Secured Claim	Int. Rate	Beg. in Mo. #	(Monthly Pmnts)	(No. of Pmnts)	=	Pmnts on Account of Claim	(Adq. Prot. from ¶ 3)	=	TOTAL PAYMENTS
a.	Bank Of The West	\$ 14,112.00	\$	11,000.00	5.25	1	\$ 208.85	60	\$	12,530.72	\$ 0.00	\$	12,530.72
b.	Chase Manhattan	\$ 22,977.00	\$	22,977.00	5.25	1	\$ 436.24	60	\$	26,174.40	\$ 0.00	\$	26,174.40
c.	TOTAL		_	_					_			\$	38,705.12

9. PRIORITY CLAIMS — The trustee will pay in full all claims entitled to priority under § 507, including the following. *The amounts listed are estimates*. The trustee will pay the amounts actually allowed.

		Estimated	Monthly	Beginning in	Number of	TOTAL
	Creditor	Claim	Payment	Month #	Payments	PAYMENTS
a.	Attorney Fees	\$ 2,700.00 \$	122.73	1	22 \$	2,700.00
b.	TOTAL	_			\$	2,700.00

The trustee will pay the allowed claims of the following creditors. All entries below are estimates.

	Creditor	Interest Rate (if any)	Claim Amount	Monthly Payment	Beginning in Month#	Number of Payments	TOTAL PAYMENTS
	-NONE-						\$
a.	TOTAL			_			\$ 0.00

- 11. TIMELY FILED UNSECURED CREDITORS The trustee will pay holders of nonpriority unsecured claims for which proofs of claim were timely filed the balance of all payments received by the trustee and not paid under ¶ 2, 3, 6, 7, 8, 9 and 10 their pro rata share of approximately \$_4,376.08 [line 1(d) minus lines 2, 6(a), 7(a), 8(c), 9(b) and 10(a)].
 - a. The debtor estimates that the total unsecured claims held by creditors listed in ¶ 8 are \$ 3,112.00 .
 - b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 8 and ¶ 10) are \$ 101,033.00 .
 - c. Total estimated unsecured claims are \$ 104,145.00 [line 11(a) + line 11(b)].
- 12. OTHER PROVISIONS —

*The plan is a step plan which will pay as follows: \$1,190.00 Monthly for 1 months, then \$842.00 Monthly for 59 months

Special Intentions:

Citimortgage Inc: Debtor is surrendering the Property to Creditor in full satisfaction of the secured claim. Creditor shall be allowed an unsecured claim for the deficiency balance owed.

Harley Davidson Financial: Debtor is surrendering the Property to Creditor in full satisfaction of the secured claim. Creditor shall be allowed an unsecured claim for the deficiency balance owed.

Us Bank: Debtor is surrendering the Property to Creditor in full satisfaction of the secured claim. Creditor shall be allowed an unsecured claim for the deficiency balance owed.

Title in any secured property will vest in Debtor upon payment of the secured portion of the creditor's claim and Debtor's Discharge. Debtor shall receive a discharge upon completion of the scheduled plan payments or upon payment of 100% of timely filed unsecured claims, whichever occurs first. Trustee shall not pay any untimely filed general unsecured creditors (excluding taxing authorities). Claims filed as secured but for which the plan makes no express provision shall be paid as unsecured claims as set forth in Paragraph 11 above.

A proof of claim may be filed by any entity that holds a claim against the debtor for taxes that become payable to a governmental unit while the case is pending and the trustee shall pay such claim as submitted as funds are available pursuant to 11 U.S.C. Statute 1305.

13 SUMMARY OF PAYMENTS —

Trustee's Fee [Line 2]	\$ 5,086.80
Home Mortgage Defaults [Line 6(a)]	\$ 0.00
Claims in Default [Line 7(a)]	\$ 0.00
Other Secured Claims [Line 8(c)]	\$ 38,705.12
Priority Claims [Line 9(b)]	\$ 2,700.00
Separate Classes [Line 10(a)]	\$ 0.00
Unsecured Creditors [Line 11]	\$ 4,376.08
TOTAL [must equal Line 1(d)]	\$ 50,868.00

Insert Name, Address, Telephone and License Number of Debtor's Attorney: Wesley W. Scott 0264787

Wesley W. Scott 0264787 Lund Kain Scott, PA 13 7th Ave. S St. Cloud, MN 56301 320-252-0330 0264787

Signed /s/ Michelle Marie Neises

Michelle Marie Neises

DEBTOR

Signed /s/ James Robert Neises

James Robert Neises

DEBTOR (if joint case)

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re:	Bkty. Case No: 10-61046
Michelle Marie Neises James Robert Neises, Debtors.	
NOTICE OF CONFIR	MATION HEARING
PLEASE TAKE NOTICE that the Confi	rmation Hearing on the Chapter 13 Plan is
scheduled November 16, 2010 at 10:00 a.m., at	the U.S. Bankruptcy Court, 205 PO Building,
Courtroom 2, 118 South Mill Street, Fergus Fall	ds, Minnesota 56537.
Dated this 25 th day of October, 2010	
	LUND KAIN & SCOTT
	/e/ WESLEY W. SCOTT - #0264787
	Attorney for Debtor

Attorney for Debtor 13 South Seventh Avenue St. Cloud, Minnesota 56301 (320)252-0330

UNITED STATES BANKRUPTCY COURT District of Minnesota

Case No: 10-61046

In re: Michelle Marie Neises James Robert Neises

Debtors

CERTIFICATE OF MAILING

The undersigned hereby certifies that a true copy of the Notice of Confirmation Hearing, Modified Chapter 13 Plan, Amended Schedule I, and Amended Schedule J were mailed to all parties in interest at the addresses set forth in the exhibit which is attached hereto, by first class mail on October 25, 2010.

Date: October 25, 2010

/e/ WESLEY W. SCOTT - #0264787

EXHIBIT

BANK OF AMERICA ATTN: BANKRUPTCY NC4-105-03-14 PO BOX 26012 GREENSBORO NC 27410

BANK OF AMERICA 4060 OGLETOWN/STANTON RD NEWARK DE 19713

BANK OF THE WEST PO BOX 8050 WALNUT CREEK CA 94596

BANK OF THE WEST 1450 TREAT BOULEVARD WALNUT CREEK CA 94597

CHASE PO BOX 15298 WILMINGTON DE 19850

CHASE MANHATTAN
ATTN: BANKRUPTCY RESEARCH DEPT
3415 VISION DR
COLUMBUS OH 43219

CITIBANK SD, NA

ATTN: CENTRALIZED BANKRUPTCY

PO BOX 20507

KANSAS CITY MO 64195

CITIMORTGAGE INC PO BOX 9438 GAITHERSBURG MD 20898

DISCOVER FIN ATTENTION: BANKRUPTCY DEPARTMENT PO BOX 3025 NEW ALBANY OH 43054

FIRST NATIONAL BANK CREDIT CARD CENTER ATTENTION: BANKRUPTCY DEPARTMENT 14010 FIRST NATIONAL BANK PARKWAY STOP OMAHA NE 68154

GEMB / OLD NAVY
ATTENTION: BANKRUPTCY
PO BOX 103104
ROSWELL GA 30076

GEMB/JCP ATTENTION: BANKRUPTCY PO BOX 103104 ROSWELL GA 30076

HARLEY DAVIDSON FINANCIAL ATTN: BANKRUPTCY PO BOX 21850 CARSON CITY NV 89721 HERLEY-DAVIDSON CREDIT CORP PO BOX 829009 DALLAS TX 75382 KOHLS

ATTN: RECOVERY DEPT

PO BOX 3120

MILWAUKEE WI 53201

TNB-VISA PO BOX 560284 DALLAS TX 75356

US BANK 4801 FREDERICA ST OWENSBORO KY 42301

WELLS FARGO PO BOX 60510 LOS ANGELES CA 90060

WFNNB/MAURICES
PO BOX 182124
COLUMBUS OH 43218

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re:

Michelle Marie Neises

James Robert Neises	SIGNATURE DECLARATION
Debtor(s).	
☐ PETITION, SCHEDULES & STATEMENTS	Case No. 10-61046
LICHAPIER 13 PLAN	YY Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
☐ SCHEDULES AND STATEMENTS ACCOMPAN AMENDMENT TO PETITION, SCHEDULES & S MODIFIED CHAPTER 13 PLAN ☐ OTHER (Please describe:)	NYING VERIFIED CONVERSION STATEMENTS
	representative of the debtor, make the following
 The information I have given my attorney and statements, schedules, amendments, and/or cha correct; 	ipter 13 plan, as indicated above, is true and
• The information provided in the "Debtor Information commencement of the above-referenced case is	mation Pages" submitted as a part of the electronic strue and correct;
Pages" submitted as a part of the electronic conbecause I do not have a Social Security Number	Number is included in the "Debtor Information nmencement of the above-referenced case, it is
petition, statements and schedules, amendments	ith the United States Bankruptcy Court my
Information Pages," if applicable, and	Declaration and the completed "Debtor
of the debtor.	ave been authorized to file this petition on behalf
Date: 10-13-10	
X Prignature of Debtor or Authorized Representative	x Av
C Representative	Signature of Joint Debtor
Michelle Marie Neises	James Robert Neises
Printed Name of Debtor or Authorized Representative	Printed Name of Joint Debtor

Form ERS 1 (Rev. 10/03)